

MOBILE HOME PARK
INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM 2012 TO 2014

NAME AND LOCATION OF PROPERTY _____

OWNER AND ADDRESS OF RECORD _____

Check Services & Utilities included rent:

Water () Septic () Cable TV () Laundry () Yard Maint. () Off-Road Parking () Patio () Repair Service ()
Other (list) _____

Number of spaces available: _____ Number of spaces occupied: _____

Rent Range: \$ _____ to \$ _____ Per Month

Lease Term (# of each): Annual _____ Semi-Annual _____ Monthly _____

Number of New Tenants this year: _____

ANNUAL INCOME:

	2014	2013	2012
1. Trailer Space - 100% Occupancy	\$ _____	_____	_____
2. Spaces for Owner, Manager, etc.	\$ _____	_____	_____
3. Apartment Rental - 100% Occupancy	\$ _____	_____	_____
4. Loss due to vacancy or delinquency	\$ _____	_____	_____
5. Total Income	\$ _____	_____	_____

EXPENSES:

1. Payroll (except manager, repair)	\$ _____	_____	_____
2. Supplies (janitor, bulbs, etc.)	\$ _____	_____	_____
3. Electricity	\$ _____	_____	_____
4. Water/Sewer	\$ _____	_____	_____
5. Fuel (Type of fuel _____)	\$ _____	_____	_____
6. Management Fees/Wages	\$ _____	_____	_____
7. Common Area Maintenance	\$ _____	_____	_____
8. Administrative Cost (List)	\$ _____	_____	_____
9. Maintenance & Repairs (List)	\$ _____	_____	_____
10. Real Estate Tax	\$ _____	_____	_____
11. Mortgage Payment	\$ _____	_____	_____
12. Excise Tax	\$ _____	_____	_____
13. TOTAL EXPENSES (Lines 1-12)	\$ _____	_____	_____

MORTGAGE/SALES INFORMATION:

1. Is there a current mortgage on this property? Yes _____ No _____
2. If Yes, please provide the following data:

_____	_____	_____
Name of Mortgagee	Mortgage Amount	Interest Rate

_____	_____	_____
Term of Mortgage	Date 1 st Payment	Monthly Payment

3. Please provide: Date Purchased _____ Consideration _____

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

Signature

Title of Signer

Date

Print/Type Name of Signer

Phone Number

RP-10 (Rev. 12/04rs)